



## HARFORD COUNTY COMMITTEE ON EMPLOYMENT OF PEOPLE WITH DISABILITIES

Jackie Angerhofer  
Co Chair

Sharon Grzanka  
Co Chair

### Nomination for the Employee of the Year for 2006

This award is given to an individual with a disability who has exhibited exceptional ability and determination in entering or re-entering the workforce.

To submit a nomination:

- a. nominations must be on designated forms
- b. duplicate forms if additional copies are needed
- c. print or type complete answers to ALL questions – materials available in alternate format
- d. attach additional pages / documentation as necessary
- e. individuals / businesses may self nominate
- f. mail completed forms to the Committee on Employment of People With Disabilities at the address below
- g. **nominations must be received by September 13, 2006**
- h. **Email applications to [jangerho@swnetwork.org](mailto:jangerho@swnetwork.org) or mail to HCCEPD 34 N. Philadelphia Blvd. #301 Aberdeen, MD 21001**
- i. For additional information contact Sharon Grzanka 410-638-3373

- 
1. Nominee's name \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_
  2. Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

3. Nominee's Job Title\_\_\_\_\_

4. Provide a history of the nominee's disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Outline the nominee's educational and employment background including vocational training and experience which enabled the nominee to enter/re-enter the workforce.\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe the nominee's present employment activities:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. List other reasons why the nominee should be selected, including community involvement and volunteer work.\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nominator's Name\_\_\_\_\_

Home Address\_\_\_\_\_

\_\_\_\_\_ Phone\_\_\_\_\_

Business Address\_\_\_\_\_

\_\_\_\_\_ Phone\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

Title\_\_\_\_\_